

MEDICINE TODAY

Current comment on medical progress, discussion of selected topics from recent books or periodic literature, by contributing members.

Urology

Treatment of Carcinoma of the Prostate.—

During the past twenty years much work has been done, and a great amount of literature has accumulated on the treatment of carcinoma of the prostate. Nevertheless no satisfactory radical treatment has yet been devised. Various methods are recommended by different authors, varying from the ultraconservative, who believes that any treatment is the wrong treatment, to the one who advises the combined use of surgery, radium, x-ray, and electric coagulation. Regardless of the treatment, the results are far from satisfactory, no one claiming more than 4 or 5 per cent of cures. This discouraging state of affairs is attributable to the insidiousness of prostatic carcinoma. When the physician first sees the case the disease has usually progressed so far that it is incurable. For this reason routine rectal palpation of the prostate should be a part of every physical examination of men of fifty or over.¹ Inasmuch as the carcinoma nearly always begins in the posterior lobe, which is in contact with the rectal wall, such a routine examination will reveal the stony hardness and nodules of a beginning malignancy, and will lead to an early diagnosis in a larger number of cases.² The fact that most prostatic carcinomata are slow growing and metastasize late,³ makes us optimistic regarding the future results of its treatment when earlier recognition will have brought more cases under earlier treatment.

For many years Young advocated a radical perineal operation for carcinoma of the prostate, in which he removes the seminal vesicles, bladder neck, and most of the trigone, with the prostate. He has done this on cases in which the involvement was not extensive, and reports that 62 per cent lived five years or more.⁴ Morson of London advocates a similar radical removal by way of the suprapubic approach rather than through the perineum, and reports good results, although no statistics are given.⁵ Radium is generally used in more advanced cases which are inoperable, and is applied either by means of needles through the perineum or rectum, with the cystoscope or through a suprapubic opening directly into the gland; or by inserting the radium in the urethra or rectum. Barringer reports that 15 per cent of cases treated by radium lived more than three years,⁶ and states that it is frequently necessary to do either a Punch operation or a cystostomy for relief of obstructive symptoms in cases treated in this way.⁷ Deep x-ray therapy is a more recent addition to the armamentarium for treating prostatic carcinoma, but as yet has not proved to be exceptionally valuable.⁸ Bumpus has reviewed

one thousand cases of carcinoma of the prostate treated at the Mayo Clinic and found that the longest duration of life after instituting treatment was in cases upon which a simple cystostomy for palliative treatment was done. Prostatectomy, partial or complete, gave a longer duration of life than radium, and radium in turn a longer duration than those cases which were not treated.⁹

A résumé of the poor results obtained by any method of treating prostatic carcinoma only serves to emphasize more emphatically the great importance of the early diagnosis of this condition.

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Bacteriology

Postscarlatinal Nephritis.—In many cases after apparent recovery from scarlet fever, acute afebrile glomerular nephritis develops about the third week. Longcope¹ could obtain no cultural evidence that this nephritis is due to an actual invasion of the kidney with viable streptococci, and suggests that the nephritis is probably caused by the absorption of toxic products from residual foci of infection in the upper respiratory tract. Duval² of the department of pathology of Tulane University, New Orleans, has recently obtained experimental evidence in support of this view.

Duval found that dogs, recovered from experimental inoculation with scarlatinal streptococci, have a distinct immunity to reinfection with the